

Concordance Between Self-Reported Maltreatment and Court Records of Abuse or Neglect Among High-Risk Youths

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Child maltreatment is a significant problem in the United States and results in many injuries, fatalities, and other negative health outcomes.¹ In 2003, an estimated 906 000 children were confirmed victims of maltreatment according to the National Child Abuse and Neglect Data System, which collects statistics from state Child Protective Services (CPS) agencies.² However, CPS data are an underestimate of the total incidence of child maltreatment. Another source of data, the National Incidence Study of Child Abuse and Neglect, reports that only about one third of children who are neglected and abused come to the attention of the CPS when also including information from community professionals (e.g., police and sheriff's departments, public schools, day-care centers, hospitals).³ These data sources do not obtain information about self-reported child maltreatment. In fact, less than 1% of referrals to CPS agencies were made by the alleged victims.²

Data on self-reported maltreatment is rarely collected from children and adolescents. Accordingly, there is limited information about the extent to which cases of self-reported maltreatment is captured by CPS agencies. One previous study of adults (aged 18 years and older) found that only 24% of those who self-reported cases of child maltreatment also had court records,⁴ which suggests that there is limited overlap between self-reported maltreatment and court records of maltreatment. In this study we examined self-reported maltreatment in a high-risk population of detained juveniles in order to determine the proportion of children who reported maltreatment who also had records of abuse or neglect in the county court system.

METHODS

Participants were part of the Northwestern Juvenile Project, a study of 1829 youths

Objectives. We examined the concordance between measures of self-reported maltreatment and court records of abuse or neglect in a sample of detained youths.

Methods. Data were collected by the Northwestern Juvenile Project and include interviews from 1829 youths aged 10–18 years. Participants were newly detained youths in the Cook County Juvenile Temporary Detention Center in Illinois between 1995 and 1998. Self-reported cases of child maltreatment were compared with court records of abuse or neglect in the Cook County judicial system.

Results. We found that among detained youths, 16.6% of those who reported any maltreatment, 22.2% of those who reported the highest level of maltreatment, and 25.1% of those who reported that they required medical treatment as a result of maltreatment had a court record of abuse or neglect. Among those with any self-reported maltreatment, girls (vs boys) and African Americans (vs Whites) were more likely to have a court record (adjusted odds ratio [AOR]=2.18; 95% confidence interval [CI]=1.53, 3.09; and AOR=2.12; 95% CI=1.23, 3.63, respectively).

Conclusions. Official records seriously underestimate the prevalence of maltreatment, which indicates that multiple data sources are needed to document the true prevalence of maltreatment. (*Am J Public Health.* 2006;96:1849–1853. doi:10.2105/AJPH.2004.058230)

(aged 10–18 years) who were arrested and then detained for delinquency between 1995 and 1998 at the Cook County Juvenile Temporary Detention Center in Chicago.^{5–8} The random sample was stratified by gender, race/ethnicity, age, and charge severity. Within each stratum, a random-numbers table was used to select names from the center's intake log. The final sampling fractions ranged from 0.018 to 0.689. Detainees were eligible to participate regardless of their psychiatric morbidity, state of alcohol or other drug intoxication, or fitness to stand trial. Of the 2275 youths selected, 1829 participated and completed the interview. There were no statistical significant differences in refusal rates by gender, race/ethnicity, or age.^{5,6,8} After written assent or consent, and usually within 2 days of intake, participants were interviewed in a private area for about 2 to 3 hours. Analyses are restricted to participants who completed the child maltreatment questionnaire (n=1735). Prevalence estimates and inferential statistics are corrected

for the sample design using the SUDAAN statistical software.⁹

Measures

Participants were asked several questions about the punishments that they have ever received from parents, step-parents, foster-parents, or other adults who were in charge of the participant for at least 6 months. These questions were based on the Child Maltreatment Interview Schedule—Short Form,^{10,11} which has been used in previous research.^{12,13} Our analyses examine responses to seven questions that asked participants if they had been “pushed, spanked, grabbed, slapped or shoved,” “hit very hard,” “hit with an object,” “beaten or kicked,” “locked in a room for 5 hours or more or told you can't have food for a whole day or longer,” “hurt by an adult in charge of you so that you were bruised, had broken bones, or were severely injured,” or “severely punished in some other way that we haven't talked about” (Cronbach α =0.76). Response options were “never,” “once,” “2–5

times,” “6–10 times,” “11–25 times,” “26–50 times,” or “51 or more times.” A continuous variable that consisted of the summed responses to these 7 questions was created; possible values were 0 to 42. The scores ranged from 0 to 41 and the mean was 6.7. Additionally, two dichotomous measures were created to indicate any child maltreatment (score ≥ 1) and the top 10% of those maltreated (score ≥ 16). Finally, participants were also asked if they were “ever hurt so badly that you had to see a doctor or go to the hospital.” Participants who answered “yes” or thought they should have gone to the hospital were considered to have required medical treatment.

Any participant in the study who had a court record of child abuse or neglect in the Cook County Court Child Protection Division, regardless of the type of charge and substantiation of that charge, was considered to have a court-reported case of child abuse or neglect.

Analyses

We conducted the analyses in 3 ways. First we compared the mean maltreatment scores for participants who stated that they required medical treatment as a result of maltreatment with those who did not. We also compared the mean maltreatment scores for participants with and without a court record of maltreatment. Second, we compared the percentage of participants who had a court record of any maltreatment, who had the highest scores of maltreatment, and who stated that they required medical treatment as a result of maltreatment. Third, we determined the associations between the three dichotomous self-reported measures of child maltreatment and court records of maltreatment for gender, age, and race.

RESULTS

The demographic characteristics of the participants who completed the child maltreatment questionnaire are reported in Table 1. In this sample, 82.7% reported any maltreatment, 5.5% reported requiring medical treatment for maltreatment, and 16.3% had a court record of maltreatment. Table 1 shows the proportions of self-reported and

TABLE 1—Demographic Characteristics of Youths With Self-Reported and Court-Recorded Maltreatment

	N	Any Self-Reported Maltreatment (%)	Self-Reported Highest Level of Maltreatment (10%)	Self-Reported Medical Treatment Required Because of Maltreatment (%)	Court Record of Abuse or Neglect (%)
Overall	1735	82.7	9.4	5.5	16.3
Gender					
Boy	1095	82.5	8.7	5.0	15.4
Girl	640	85.0	18.6	12.2	27.0
Age, y					
10–12	106	78.6	9.4	8.0	28.9
13–14	450	84.7	11.2	7.1	14.8
15–16	1087	81.5	7.7	4.0	16.2
17–18	92	93.3	25.6	17.3	15.7
Race/ethnicity					
White	287	86.1	18.1	7.1	11.6
Hispanic	488	79.1	10.4	3.4	7.2
African American	957	83.3	8.5	5.7	18.5

Note. The sample was stratified by gender, age, race/ethnicity, and charge severity, so all prevalence estimates were weighted to adjust for the detention center population.

court-reported maltreatment overall and by demographic characteristics.

Individuals who required medical treatment as a result of maltreatment had a significantly higher mean level of maltreatment compared with those who did not require medical treatment (13.9 vs. 6.2, respectively; $t=4.33$; $P<.0001$). There was no statistically significant difference in the mean level of

maltreatment for participants who had or did not have a court record of abuse or neglect (7.3 vs. 6.5, respectively; $t=0.78$, $P=.43$).

Table 2 shows the percentage of participants who had a court record of abuse and neglect by 3 different measures of self-reported maltreatment (i.e., any, highest level, or medical treatment was required as a result of maltreatment). There were no significant

TABLE 2—Presence and Absence of Court Records of Abuse or Neglect, by Self-Report of Maltreatment

Self-Report	Court Records of Abuse and Neglect					
	No			Yes		
	No.	% of Response, Row (N)	% of Response, Column (N)	No.	% of Response, Row (N)	% of Response, Column (N)
Any maltreatment						
No	235	85.4 (284)	17.6 (1408)	49	14.7 (284)	15.6 (324)
Yes	1173	83.4 (1448)	82.4 (1408)	275	16.7 (1448)	84.4 (324)
Highest level of maltreatment						
No	1232	84.4 (1499)	91.2 (1410)	261	15.6 (1499)	87.1 (325)
Yes	178	77.8 (242)	8.8 (1410)	64	22.2 (242)	12.9 (325)
Medical treatment owing to maltreatment						
No	1329	84.3 (1614)	95.1 (1406)	285	15.8 (1614)	91.5 (324)
Yes	77	74.9 (116)	4.9 (1406)	39	25.1 (116)	8.5 (324)

^aThe sample was stratified by gender, age, race/ethnicity, and charge severity, so all prevalence estimates were weighted to reflect the detention center population.

associations between any of the three self-reported measures of maltreatment and court records of abuse or neglect.

We next examined the associations between demographic characteristics and court records

of abuse or neglect among those who self-reported any maltreatment, those who reported the highest level of maltreatment, and those who reported that medical treatment was required as a result of maltreatment (Table 3).

Among those with any self-reported maltreatment, girls (vs boys) and African Americans (vs Whites) were more likely to have a court record (adjusted odds ratio [AOR]=2.18; 95% confidence interval [CI]=1.53, 3.09; and AOR=2.12; 95% CI=1.23, 3.63, respectively).

DISCUSSION

Unlike those of most previous studies, our findings were based on children's self-report. However, our findings confirm previous research indicating that only a small proportion of all incidents of child maltreatment come to the attention of authorities.³ Only 1 in 4 study participants who reported needing medical treatment as a result of maltreatment also had a court record of such abuse or neglect. Even fewer children who had the highest level of maltreatment (22%) or who reported any maltreatment (17%) had court records of abuse or neglect. We found no association between any of the 3 self-reported measures of maltreatment and court records of abuse or neglect. Moreover, there were no differences in the mean level of maltreatment for children with and without a court record of abuse and neglect.

Among participants who reported any maltreatment, we found that African American youths were more likely than Whites to also have a court record of abuse or neglect. These findings are consistent with previous research that documented that African American youths are overrepresented in CPS records.^{14,15} Moreover, the overrepresentation of minority youths in child welfare systems is not because of greater rates of maltreatment in these populations.¹⁶ In fact, in our sample, self-reported severe maltreatment was actually greater in Whites than in African Americans.

There are several limitations to our study. First, our analyses examine study participant's experiences with maltreatment, which could have occurred anytime during the youth's lifetime. These self-reported experiences may be biased if participants chose not to disclose their experiences or if they were unable to recall or report the information accurately. Moreover, not all types of maltreatment, including sexual abuse, that participant's may have experienced³ were assessed, and thus, our findings likely underestimate the true

TABLE 3—Court Records of Abuse or Neglect Among Participants Reporting Maltreatment, by Demographic Characteristics, With Crude and Adjusted Odds Ratios (ORs) and 95% Confidence Intervals (CIs)

		Court Record of Abuse or Neglect		
	N	Percentage ^a	OR (95% CI)	Adjusted OR (95% CI) ^b
Self-report of any maltreatment				
Overall	1448	16.6		
Gender				
Boy	905	15.7	1.00	1.00
Girl	543	27.0	1.98 (1.38, 2.85)	2.18 (1.53, 3.09)
Age, y ^c				
10–14	444	17.6	1.00	1.00
15–18	1004	16.3	0.91 (0.53, 1.56)	0.96 (0.55, 1.66)
Race/ethnicity				
White	249	10.5	1.00	1.00
Hispanic	392	7.8	0.72 (0.39, 1.31)	0.75 (0.41, 1.39)
African American	805	18.8	1.97 (1.14, 3.39)	2.12 (1.23, 3.63)
Self-report of highest level of maltreatment				
Overall	242	22.2		
Gender				
Boy	117	20.0	1.00	1.00
Girl	125	34.0	2.06 (0.84, 5.03)	2.17 (0.93, 5.08)
Age, y ^c				
10–14	63	12.7	1.00	1.00
15–18	179	25.6	2.37 (0.76, 7.33)	2.59 (0.77, 8.69)
Race/ethnicity				
White	16	19.9	1.00	1.00
Hispanic	75	12.1	0.55 (0.20, 1.55)	0.55 (0.20, 1.56)
African American	114	25.5	1.38 (0.46, 4.17)	1.60 (0.51, 5.05)
Self-report of medical treatment required because of maltreatment				
Overall	116	25.1		
Gender				
Boy	46	23.6	1.00	1.00
Girl	70	32.3	1.54 (0.46, 5.21)	2.05 (0.71, 5.88)
Age, y ^c				
10–14	36	16.7	1.00	1.00
15–18	80	28.7	2.00 (0.46, 8.67)	2.12 (0.45, 9.90)
Race/ethnicity				
White	25	19.8	1.00	1.00
Hispanic	24	35.3	2.21 (0.46, 10.57)	2.52 (0.50, 12.78)
African American	66	25.2	1.36 (0.30, 6.26)	1.87 (0.40, 8.75)

^aThe sample was stratified by gender, age, race/ethnicity, and charge severity, so all prevalence estimates are weighted to reflect the detention center population.

^bORs were adjusted for all 3 demographic characteristics (gender, age, and race/ethnicity).

^cAge categories were combined because sample sizes were small.

prevalence of self-reported maltreatment. Specifically, only 1 item assessed neglect, the most common form of maltreatment according to CPS records.²

Second, we only obtained records from the Cook County Court. Participants may have had court records in other counties; hence our estimate of the number of youths who self-reported maltreatment and also had court records of abuse may be too conservative. Third, our findings are representative of high-risk youths who are detained for delinquency; they may have engaged in violent or delinquent behavior, used drugs, traded sex for money or drugs, or been runaways. The findings may not generalize to maltreated children who do not come into contact with the juvenile justice system, or to children who exhibit primarily internalized problems or few behavior problems at all.

Fourth, we cannot determine the potential interactions between self-reported maltreatment, internalized and externalized behaviors, service delivery or treatments, and involvement in the criminal justice system. However, these are all important factors that may affect the developmental trajectories of these high-risk youths. Recent studies have examined the complex association between maltreatment reports and juvenile incarceration^{17,18} and found that in-home child welfare services seem to reduce the risk of juvenile corrections involvement for minority children who have been reported for maltreatment.¹⁸

There are 3 implications of our findings. First, we must improve identification of child maltreatment. Seven of 10 detained youths who self-reported serious maltreatment or who required medical treatment as a result of maltreatment were not detected by CPS in the county that we studied. We need to increase efforts to identify victims of child maltreatment and to provide them with the needed services and protection. Emergency Department data yield only a few cases that are not already captured in CPS records.¹⁹ Therefore, we need to develop and validate new screening tools, such as the Screening Index for Physical Child Abuse²⁰; improve training²¹; and increase data sharing.²¹ These improvements may help nurses and clinicians detect new cases of physical maltreatment among pediatric trauma patients. Another

priority should be improving screening and service delivery in schools, because teachers and school staff have frequent interactions with children who may be at risk.²²

Second, we must enhance estimates of the prevalence of child maltreatment. The limited overlap between court records and self-reports of child maltreatment indicates that official records seriously underestimate the prevalence of abuse among high-risk youths. This suggests that multiple data sources need to be included in efforts to document the true prevalence of maltreatment. Comprehensive prospective²³ and retrospective^{24, 25} self-reported maltreatment data need to be collected and should include information about different forms of maltreatment, notification of maltreatment to authorities, services and treatment, and the consequences of maltreatment.

Third, we must increase understanding of racial/ethnic disparities in official records of child maltreatment. African American participants in our study did not self-report severe maltreatment as frequently as Whites, but they were more likely to have a court record of abuse or neglect. Much of the racial variation in official records of abuse and neglect can be attributed to racial differences in both allegations and substantiations.²⁶ For example, young minority children are more likely than Whites to be evaluated and reported for suspected abuse when receiving medical care.²⁷ Thus, there are likely biases at many levels within the complex set of agencies and institutions involved with responding to young victims of crime and violence (e.g., police, prosecutors, criminal and civil courts, child protection agencies, children's advocacy centers, victim services, and mental health agencies).²⁸

The vast majority of maltreated high-risk youths do not seem to receive the protection and services that they need. Given the many risky behaviors and adverse health outcomes associated with maltreatment,^{1,12,13,29–32} providing appropriate and timely services and care to these youths needs to be a priority for both the criminal justice system and for public health. ■

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This article was accepted October 9, 2005.

Contributors

M. H. Swahn originated the study, analyzed the data, and wrote the article. D. J. Whitaker provided conceptual and methodological guidance and helped write the article. C. B. Pippen helped originate the study and assisted with analyses. R. T. Leeb interpreted analyses and helped write the article. L. A. Teplin planned the study, directed the project, originated the study, and commented on the article. K. M. Abram directed the field study, provided assistance with preparation of data and their interpretation, and commented on the article. G. M. McClelland directed the data operation, assisted with analyses, and reviewed the article.

Acknowledgments

This work was supported by National Institute of Mental Health, Division of Services and Intervention Research and the Center for Mental Health Research on AIDS (grants R01MH54197 and R01MH59463); and the Office of Juvenile Justice and Delinquency Prevention (grant 1999-JE-FX-1001). Major funding was also provided by the National Institute on Drug Abuse, the Substance Abuse and Mental Health Services Administration (Center for Mental Health Services, Center for Substance Abuse Prevention, Center for Substance Abuse Treatment), the Centers for Disease Control and Prevention (National Center for HIV, STD, and TB Prevention and National Center for Injury Prevention and Control), the National Institute on Alcohol Abuse and Alcoholism, the National Institutes of Health (NIH) Office of Research on Women's Health, the NIH Center on Minority Health and Health Disparities, the NIH Office on Rare Diseases, the Department of Labor, The William T. Grant Foundation (grant 2076), and The Robert Wood Johnson Foundation (grant 041942). Additional funds were provided by The John D. and Catherine T. MacArthur Foundation, The Open Society Institute, and The Chicago Community Trust. We thank all the agencies for their collaborative spirit and steadfast support.

This study could not have been accomplished without the advice of Ann Hohmann, Kimberly Hoagwood, Heather Ringeisen, Grayson Norquist, and Delores Paron. We thank project staff, especially Amy Lansing, Amy Mericle, and Lynda Carey, for supervising data collection and preparation. We appreciate the cooperation of everyone working in the Cook County systems, especially David Lux, our project liaison, Chief Judge Timothy Evans, Former Chief Judge Donald O'Connell, Judge William Hibbler, Judge Curtis Heaston, Judge Nancy Sidote Salyers, Judge Patricia Martin Bishop, Judge Sophia Hall, Venkata Vallury, James Janik, Warren

Watkins, J.W. Fairman, and the late Mary Kehoe Griffin. Without the cooperation of Cook County, this study would not have been possible. We thank our participant advocate, Michael Mahoney. Finally, we thank our participants for their time and willingness to participate.

Note. The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention or the funding agencies.

Human Participant Protection

This research was approved by the Northwestern University and the Centers for Disease Control and Prevention institutional review boards. We obtained informed consent from all participants aged 18 and older. For participants younger than 18, we obtained assent from the subjects and consent from a parent or guardian whenever possible; when this was not possible, participant assent was overseen by a participant advocate representing the interest of the youth.

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The Spirit of the Coalition

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